

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-328	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/09/2023
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NAME OF PROVIDER OR SUPPLIER LEE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 33 WESTON HEIGHTS DRIVE ASHEVILLE, NC 28803
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 5/9/23. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.</p> <p>This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the</p>	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to keep the MARs current for 2 of 2 clients (Clients #1, #2). The findings are:</p> <p>Record review on 5/9/23 for Client #1 revealed: -Date of Admission: 10/30/10. -Diagnosis: Severe Intellectual/Developmental Disability, Anxiety Disorder, Autism Spectrum Disorder, Seizure Disorder, Pica. -Review of physician's orders dated 2/9/23 revealed: -Oxcarbazepine 300mg (milligrams)(seizures) - 2 tablets in AM, 1 mid-day and 2 and bedtime. -Escitalopram 10mg (anxiety) - 3 tablets once daily. -Temazepam 30mg(sedative) - 1 tablet at bedtime. -Lacosamide 200mg (seizures) - twice daily.</p> <p>Review on 5/9/23 of MARs for Client #1 from 3/1/23-5/9/23 revealed: -There was no documentation of administration from 5/1/23- 5/9/23 for any medication.</p> <p>Record review on 5/9/23 for Client #2 revealed: -Date of Admission: 5/1/13. -Diagnosis: Profound Intellectual/Developmental</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 2</p> <p>Disability, Anxiety Disorder, Hyperlipidemia, Vitamin D Deficiency, Hypokalemia, Chronic Urinary Tract Infections.</p> <p>-Review of physician's orders dated 10/18/21 revealed:</p> <ul style="list-style-type: none"> -Esomeprazole 40mg (acid reflux) once daily. -Cholecalciferol (Vitamin D3) 5000iu (international units)(vitamin D deficiency) - once daily. -Levothyroxine 100mcg (micrograms) (hypothyroidism)- once daily and changed to 112mcg on 3/17/23. -Calcitriol 0.25mcg (vitamin D deficiency) 2 tablets once daily ordered 2/24/23 and changed to twice daily on 3/17/23. -Calcium +Vitamin D3 600mg/20mcg (supplement) - twice daily ordered on 8/29/22. <p>Review on 5/9/23 of MARs for Client #2 from 3/1/23-5/9/23 revealed:</p> <ul style="list-style-type: none"> -Esomeprazole was not initialed as administered 5/1/23-5/9/23. -Cholecalciferol was not listed nor marked as administered on the April or May MARs. -Levothyroxine was not initialed as administered 5/1/23-5/9/23. -Calcitriol was not initialed as administered PM dose 5/1/23-5/9/23. -Calcium +Vitamin D3 was not initialed as administered 5/1/23-5/9/23. <p>Observation on 5/9/23 at approximately 11am revealed Staff #1 completing the top line of first medication on the May MAR for Client #2 (AM dose for Calcitriol from 5/1/23-5/9/23). Medication bottles for Client #2 revealed an over the counter (OTC) bottle of Vitamin D3 10,000 iu with expiration of 8/2024. There was no Cholecalciferol in Client #2's stock of medications.</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <p>Interview on 5/9/23 with Staff #1 revealed: -Administered the OTC Vitamin D3 daily to Client #2. Client #2's doctor switched Vitamin D medications between Ergocalciferol (vitamin D2) which was administered weekly and Cholecalciferol (vitamin D3) administered daily depending on lab reports. -Client #2 visited his doctor frequently. -Was told by the Licensee that he could add a note to the MAR when medications changed (dosage or quantity) and continue initialing administration on the same line.</p> <p>Interview on 5/9/23 with the Qualified Professional revealed: -Visited the facility monthly and reviewed MARs. -Had never noticed a problem with medications or MARs at the facility.</p> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days..</p>	V 118		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility</p>	V 736		

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V 736	<p>Continued From page 4</p> <p>staff failed to ensure the facility and its grounds were maintained in a safe, clean, orderly and attractive manner. The findings are:</p> <p>Observation and interview with Staff #1 on 5/9/23 at approximately 11:30am of the clients' bedroom revealed both clients laying in their beds watching TV. The attached bathroom was bare with no shower curtain, towels or toilet paper. Staff #1 reported Client #1 had severe PICA and could not be left alone with those items. The toilet was full of feces. Staff #1 reached into the back tank to open the lever to flush the toilet and stated that Client #1 would continually flush the toilet if he left it operable. He reported that Client #1 will use the toilet but would not clean himself. Even after the toilet was flushed the toilet had what appeared to be small dots of feces splattered all around the inside of the toilet bowl. The carpet and walls in the bedroom had various stains and splatters. The comforter on Client #2's bed had several white stains. When asked how often bed clothes were cleaned, Staff #1 reported twice a week. There was also an unclean smell (a combination of urine, feces and body odor) in the bedroom.</p> <p>Interview on 5/9/23 with Staff #1 revealed: -He really did not notice an odor in the clients' bedroom.</p> <p>Interview on 5/9/23 with the Qualified Professional (QP) revealed: -Inspected the facility monthly. -All of her visits were scheduled with Staff #1. -Had not noticed the client bedroom smelled badly or unclean during her visits.</p>	V 736		